## FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOV 23 2004 E THOMSON EINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPE	ROVAL									
OMB Number 3235-0076										
Expires:	May 31, 1	2005								
Estimated average burden										
hours per response 16.00										
SE	C USE ONLY									
Prefix		Serial								
DATE RECEIVED										
DA	TE RECEIVED	)								

1309320

Name of Offering ( $\square$ ) (check if this is an amendment and name has changed, and indicate c	hange)				
Common Shares					
Filing Under (Check box(es) that apply):   Rule 504 Rule 505 Rule 5	Section 4(6) ULOE				
Type of Filing: New Filing					
A. BASIC IDENTIFICATION DATA					
Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has changed, and indicate cha	nge.)				
mon Shares g Under (Check box(es) that apply):					
Address of Executive Offices (Number and Street, City, State, Zip Code)					
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
(If different from Executive Offices)	A CONTROL OF THE PROPERTY OF T				
Brief Description of Business	110				
	AITH 1 0 2004				
e Defense to the suits	Wild II & 2004				
Mineral exploration.					
	135/60				
Type of Business Organization					
☐ corporation ☐ limited partnership, already formed ☐ oth	er (please specify):				
Civitor Canada, Fix for other foreign jurisdiction	)				
Federal:					
	ation D or Section 4(6), 17 CFR 230.501 et seq.				
must be photocopies of the manually signed copy or bear typed or printed signatures.	muany signed. Any copies not manually signed				
	oreviously supplied in Parts A and B. Part E				
ů					
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (UI					
have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate n					
state where sales are to be, or have been made. If a state requires the payment of a fee as a preconditi proper amount shall accompany this form. This notice shall be filed in the appropriate states in accor					
notice constitutes a part of this notice and must be completed.	dance with state law. The Appendix to the				

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/02)

1 of 8



A. BASIC IDE	NTIFICATION DATA		* 3 6 %	
2. Enter the information requested for the following:	·a · · · · · ·			
• Each promoter of the issuer, if the issuer has been organized w	= = =	. (100/	.1	:
<ul> <li>Each beneficial owner having the power to vote or dispose, or of the issuer;</li> </ul>	direct the vote or dispositio	n of, 10% or more of a	class of e	quity securities of
• Each executive officer and director of corporate issuers and of	corporate general and mana	aging partners of partne	ershin issu	iers: and
Each general and managing partner of partnership issuers.	corporate general and main	.5mg parmers of parme	010111p 1554	ioro, and
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director		General and/or
				Managing Partner
Full Name (Last name first, if individual)				
Adams, Andrew				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1			-	
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer			General and/or
			r	Managing Partner
Full Name (Last name first, if individual)				3
: Benner, Collin				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)		-	
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer			General and/or
Trontocor Donces owner	Excessive officer	23 21100(01		Managing Partner
Full Name (Last name first, if individual)				
ruii ivame (Last name first, 11 individual)				
Dickson, Robert				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1				
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director		General and/or
			Ŋ	Managing Partner
Full Name (Last name first, if individual)				
Gillin, Peter				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
	,			
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1 Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director.		General and/or
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	□ Director		Managing Partner
·				
Full Name (Last name first, if individual)				
Goodman, Jonathan			<u></u>	
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
55th Floor, Scotia Plaza, 40 King Street West, Toronto, Ontario M5H	4A9			
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer			General and/or
			N	Managing Partner
Full Name (Last name first, if individual)				
Lavella Dawiele				
Lavelle, Patrick Business or Residence Address (Number and Street, City, State, Zip Co				
•	, <del></del> ,			
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1	N Francisco Officer	Dimentori		Samanal and/an
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)				
Stein, Paul M.				
Business or Residence Address (Number and Street, City, State, Zip Co	ode)			
121 Richmond Street West, Suite 803, Toronto, Ontario M5H 2K1				

2. Enter the information requested for the follow	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	IFICATION DATA		40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e fill the second secon
• Each promoter of the issuer, if the issuer h	_				
<ul> <li>Each beneficial owner having the power to the issuer;</li> </ul>	o vote or dispose, or dir	ect the vote or disposition o	f, 10% or more of a	class of	equity securities of
<ul> <li>Each executive officer and director of corp</li> </ul>	porate issuers and of co	porate general and managir	ng partners of partne	rship is:	suers; and
Each general and managing partner of part		·			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
'Johnson, Daniel					
Business or Residence Address (Number and Street	et, City, State, Zip Code	e)			
121 Richmond Street West, Suite 803, Toronto, O	ntario M5H 2K1				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Ewing, Grant					
Business or Residence Address (Number and Street	et, City, State, Zip Code	<del>e</del> )			
121 Richmond Street West, Suite 803, Toronto, O	ntario M5H 2K1				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)		- 3 V P 100 P V 1			
Gottwald, Andrew					
Business or Residence Address (Number and Street	et, City, State, Zip Code				
121 Richmond Street West, Suite 803, Toronto, O	ntario M5H 2K1				
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Missal, Gregory					
Business or Residence Address (Number and Stree	et, City, State, Zip Code	)			
121 Richmond Street West, Suite 803, Toronto, O	ntario M5H 2K1				
		Executive Officer	☐ Director		General and/or
					Managing Partner
Full Name (Last name first, if individual)					
Dundee Precious Metals Inc.			1 ± 1 T		And the second s
Business or Residence Address (Number and Street	et, City, State, Zip Code	e)			
55th Floor, Scotia Plaza, 40 King Street West, Tor					
Check Box(es) that Apply: Promoter	Beneficial Owner [	Executive Officer	☐ Director	L	General and/or Managing Partner
Full Name (Last name first, if individual)					111.11111111111111111111111111111111111
Business or Residence Address (Number and Street	et, City, State, Zip Code	)	<u>, , , , , , , , , , , , , , , , , , , </u>		#/ NF 17
Check Box(es) that Apply: Promoter	Beneficial Owner [	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Stree	et, City, State, Zip Code	)			
(I Ise Hlank she	et or copy and use add	itional copies of this sheet,	as necessary)		
(OSC DIMIN SILC	, or copy and ase add		1100000mi y )		

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1	Unc +	ha issu	or co	ld or c	1000 1	the iccu	ar ir	stand to		to non	ooor	aditad	investors	n thi	a offari	n a ?						Yes	No
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2.	What	is the 1	minii	mum ii									-			<b></b>					. \$		N/A
																					<del></del>	——. Ves	No
3.	Does	the off	ering	g perm	it joir	ıt owne	rshi	p of a s	ingle	unit?								••••				$\boxtimes$	
									to be	listed	are a	ssociate	ed persons	of s	uch a b	rokei	or dea	ler, y	ou ma	y set	forth		
		Same issuer and, or does the issuer intend to self, to man-accretical investors in this offering?																					
Business	or R	esiden	ce Ac	ddress	(Nur	nber an	d St	reet, Ci	ity, S	tate, Zi	р Со	 de)						_					
145 Kin	g Stre	et Wes	t, Su	ite 110	00, Te	oronto,	Ont	ario M	5H 1	J8													
Name of	Asso	ciated	Brok	er or I	Deale	r		· <del>-</del>															
Griffiths	МсВ	urney	Corp																				
States in	Whi	ch Pers	on L	isted I	Ias S	olicited	or l	ntends	to So	olicit Pu	urcha	sers		-									
(Check '	'All S	tates"	or ch	eck in	divid	ual Stat	tes).				•••••											All	States
☐ [AL]		[AK]		[AZ]		[AR]		[CA]		[CO]		[CT]	☐ [DE]		[DC]		[FL]		[GA]		[HI]		[ID]
[IL]		[IN]		[IA]		[KS]		[KY]		[LA]		[ME]		$\boxtimes$	[MA]		[MI]		[MN]		[MS]		[MO]
☐ [MT]		[NE]		[NV]		[NH]		[NJ]		[NM]	$\boxtimes$	[NY]	☐ [NC]		[ND]		[OH]		[OK]		[OR]		[PA]
□ [RI]		[SC]		[SD]		[TN]	$\boxtimes$	[TX]		[UT]		[VT]	□ [VA]		[WA]		[WV]	$\boxtimes$	[WI]		[WY]		[PR]
Full Nan	ne (La	ast nam	ne fir	st, if ir	divid	lual)																	
																			_				
Business	or R	esidenc	e Ac	ldress	(Nun	nber an	d St	reet, Ci	ty, Si	tate, Zi	р Со	de)											
										· · · ·													
Name of	Asso	ciated	Brok	er or I	Deale	r																	
																					П	A 11	States
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Full Nan	ne (La	ast nam	e fir	st, ii in	aivic	lual)																	
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Dusiness	OI K	esidenc	e Ac	iaress	(1741)	iber and	u Sti	reel, Ci	ıy, Sı	ate, Zij	рСо	ie)											
Name of	Asso	ciated	Brok	er or I	Deale																		
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States in	Whic	h Pers	on Li	isted F	as So	 olicited	or I	ntends	to Sc	licit Pı	ırcha	sers											
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[AL]					_		_						_			_			[GA]		[HI]		[ID]
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☐ [MT]		[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]	☐ [NC]		[ND]		[OH]		[OK]		[OR]		[PA]
□ [RI]		[SC]		[SD]		[TN]		[XT]		[UT]		[VT]	□ [VA]		[WA]		[WV]		[WI]		[WY]		[PR]

## Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Debt: \_\_\_\_\_\_\$ \$ 4,544,440 ☐ Preferred Convertible Securities (including warrants): )......\$ \_\_\_\_ \$ \_\_\_ Other (Specify: Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors: Non-Accredited Investors: \$ \_\_\_\_\_\_ \$ \_\_\_\_\_ Total (for filings under Rule 504 only):.....\$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering: Security Sold Rule 505: ..... Regulation A: \_\_\_\_\_\_\_ \$ \_\_\_\_\_ Rule 504: ..... \$ Total: ..... \$ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees: 181 \$ Printing and Engraving Costs: 2,260 \$ Legal Fees: 23,795 Accounting Fees: \$ 6,148 Engineering Fees: Sales Commissions (specify finders' fees separately): $\boxtimes$ 240,855 Other Expenses (identify): (TSX Listing Fees, Underwriters Expenses, Translation Costs)..... 11,302

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total:

\$ 284,541

	Question 1 and total expenses furnished	ate offering price given in response to Part C – in response to Part C - Question 4.a. This Is to the issuer."			9	· <del></del>	4,259,899
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must er set forth in response to Part C – Question 4.b					
				Payment to Officers, Directors, & Affiliates			syments to Others
	Salaries and fees			\$		\$	
	Purchase of real estate			\$		\$ .	
	Purchase, rental or leasing and installation o	f machinery and equipment		\$		\$ .	
	Construction or leasing of plant buildings an	d facilities		\$		\$	
	that may be used in exchange for the assets of	re value of securities involved in this offering or securities of another issuer pursuant to a	П	\$		\$	
	• ,			\$		\$	
	• •			\$		\$	
	• .	evelopment		\$	$\boxtimes$	\$	4,259,899
			_				
				\$		\$	
				\$		\$	
	Total Payments Listed (column totals added	)		<u></u>	,259,89	<u>9</u>	
		D. FEDERAL SIGNATURE	Marie 1		****	,	
igna	issuer has duly caused this notice to be signerature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange Coredited investor pursuant to paragraph (b)(2) of 1	his no	otice is filed under R ssion, upon written			
Iss	suer (Print or Type)	Signature		Date			
Ta	hera Diamond Corporation	Mit I		November 15, 2004			
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)					
An	ndrew Gottwald	Chief Financial Officer					
Vote	:: All dollar amounts are shown as \$U.S. dol	ars based on a current exchange ratio of Canadian	n to l	J.S. dollars.			
Note	e: The expenses listed in Part C, Question 4(a the percentage of the offering sold in the U	a) and the adjusted gross proceeds listed in Part C J.S.	, Que	stion 5 reflect a pro	rata all	ocat	ion based on
		ATTENTION					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	omeons and the second s	E. STATE SIGNATURE	i nggara di	
			Yes	No
1.	Is any party described in 17-CFR 230.262 presently	subject to any of the disqualification provisions of such rule?		
	See Appen	dix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnis Form D (17 CFR 239.500)-at-such times as required	th to any state administrator of any state in which this notice is filed, a node by state law.	tice on	
3.	The undersigned issuer hereby undertakes to furnis issuer to offerees.	h to the state administrators, upon written request, information furnished	by the	
	5	familiar with the conditions that must be satisfied to be entitled to the University of the universe is filed and understands that the issuer claiming the area these conditions have been satisfied.		
	the issuer has read this notification and knows the couly authorized person.	ntents to be true and has duly caused this notice to be signed on its behal	f by the und	ersign
Is	ssuer (Print or Type)	Signature	e	
Т	ahera Diamond Corporation	No.	vember 15,	2004
N	ame (Print or Type)	Title (Print or Type)		
Α	ndrew Gottwald	Chief Financial Officer		

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

n Wadit ja J jai ni				API	PENDIX		100 March 100 Ma	e de	5			
1	Intend To non-a	to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No	Common Shares	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
AL												
AK												
AZ												
AR												
CA												
со												
СТ												
DE	-											
DC												
FL												
GA												
HI												
ID												
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IA												
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KY												
LA												
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MD												
MA		X	\$3,429,240	1	\$3,429,240	0	\$0					
MI												
MN												
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МО					of 8							

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Street service	***	us. 1. Williams (Millian)	APF	ENDIX	PRESIDE OFFICE							
1	Intend to sell To non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)								
State	Yes	No	Common Shares	Number of Accredited Investors	Number of Number of Non-Accredited Accredited								
MT													
. NE													
NV					<del></del>								
NH													
NJ					<del></del>								
NM													
NY		X	\$51,578	1	\$51,578	0	\$0						
NC													
ND													
ОН		į											
ОК		<u> </u>											
OR									-				
PA					<u> </u>								
RI									4-4-4				
SC_					<del> </del>				1				
SD					_								
TN		: 											
TX		X	\$248,132	1	\$248,132	0	\$0						
UT													
VT													
VA													
WA													
WV							·						
WI		X	\$815,490	1	\$815,490	0	\$0						
WY													
PR					of 8								